

Capital Guardian Youth ChalleNGe Academy

3201 Oak Hill Drive Laurel, MD 20724

(202) 730-1579 :Office (202) 730-1532 :Fax

Email , Fax, or mail to your appropriate Casemanager Name: _____

MENTOR MONTHLY REPORT (due by the 5th of the month)

Mentor's Name: _____ Phone # _____
 Email: _____
 Address: _____ City: _____ Zip: _____
 Cadet's Name: _____ Phone # _____
 Email: _____
 Address: _____ City: _____ Zip: _____

Min 4 hours Contact: Yes No

Date:	<u>Type of Contact</u>				
	Phone	Personal	Email	Letter	Other
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Post Residential Placement Activity

Please check all the boxes that best describe what your Cadet has been doing during the **reporting** month. Please write the dates that he/she enrolled in school, enlisted in military service/shipped, and began working including employer's name and wage amount.

- | | | |
|--|---|--|
| <u>Education</u> | <u>Military Service</u> | <u>Miscellaneous</u> |
| <input type="checkbox"/> Return to HS | <input type="checkbox"/> Active <input type="checkbox"/> Reserves | <input type="checkbox"/> Care Giver |
| <input type="checkbox"/> Vo Tech | <input type="checkbox"/> Army | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> College | <input type="checkbox"/> Navy | <input type="checkbox"/> Incarcerated |
| <input type="checkbox"/> Job Corps | <input type="checkbox"/> Marines | <input type="checkbox"/> Disabled/Hospitalized |
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Air Force | <input type="checkbox"/> Moved out of State |
| <input type="checkbox"/> | <input type="checkbox"/> Coast Guard | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> | <input type="checkbox"/> National Guard | <input type="checkbox"/> Arrest/violations |
| Enroll Date: _____ | Enlist Date: _____ | <input type="checkbox"/> Unknown |
| School Name: _____ | Ship Date: _____ | <input type="checkbox"/> |
| Counselor: _____ | MOS: _____ | |

Employment/Volunteer

Hire Date: _____ Company: _____ Position: _____ Wage: _____ Part Time _____ Full Time _____

Supervisor Name and Phone#: _____

Termination Date: _____ **Reason:** _____

Additional information: _____

If your cadet has made changes to his or her PRAP (Post Residential Action Plan), please provide the following information: Specific changes to the PRAP; the cadet's expected outcome as a result of the changes; why the cadet made the changes; and the mentor's position and rationale regarding the changes?